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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,217	07/08/2003	Mamoud Sadre		8515
MAMOUD SA	7590 08/28/200 DR E	8	EXAM	IINER
165 TREMONT STREET Unit #203			POE, KEVIN T	
BOSTON, MA	02111		ART UNIT	PAPER NUMBER
			3693	
			MAIL DATE	DELIVERY MODE
			08/28/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	Examiner	Art Unit	
	KEVIN POE	3693	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>KEVIN POE</u> .	(3) <u>MAMOUD SADRE</u> .		
(2) <u>DANIEL FELTON</u> .	(4)		
Date of Interview: 20 August 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. ♀	g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant submitted progin proposed amendment.</u> . (A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE AINTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLIE A STATEMENT OF THE SUBSTANCE OF THE INTERLIE Requirements on reverse side or on attached sheet.	dments which the examiner agropy of the amendments that wid.) ACTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	reed would render the SUBSTANCE (been filed, APP (DAYS FROM T	er the claims claims OF THE LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	/James Kramer/ SPE Art Unit 3693 Examiner's signature, if requi	red	

Application No.

Applicant(s)